

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/1/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/6</i>
FORMALITY REVIEW		<i>2417</i>	<i>5-25-00</i>
RESPONSE FORMALITY REVIEW		<i>2417</i>	<i>6-17-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>11-11-00</i>
2	<i>11-11-00</i>
3	<i>11-11-00</i>
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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